

N.J.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to Medically Needy Groups
PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND OR DISABLED

21 Pediatric Nurse Practitioners' and Family Nurse Practitioners' Services:

Practitioners will be reimbursed for certain elective surgical procedures only when a second opinion has been obtained. Second opinions are not mandatory for Medicare/Medicaid eligible recipients.

HealthStart services are limited to pregnant women and dependent children under the age of two.

Approved injectable or inhalation drugs administered by a nurse practitioner/ clinical nurse specialist working within her/his scope of practice require no prior authorization. Other injectables are not covered as a physician/ nurse practitioner service, but are covered as a pharmaceutical service. This policy does not apply to immunizations.

Immunizations are limited according to Division guidelines as follows:

- (1) Routine childhood immunizations provided in accordance with Division guidelines;
- (2) Post-exposure prophylaxis*; or
- (3) Selected high-risk groups*.

*Regardless of age

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

Consultations are not reimbursable.

Practitioner services are provided for all three coverage groups (pregnant women, children, and the aged, blind or disabled).

95-23-MA (NJ)

TN 95-23 Approval Date DEC 22 1995
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22 **Respiratory Care Services:**

Not Provided.

92-19-MA (NJ)

TN 92-19A Approval Date JUN 29 1992
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23(a) Transportation:

The following limitations pertain only to Mobility Assistance Vehicle (MAV) service, formerly known as invalid coach service. Prior authorization is required for MAV service. In certain situations, post-service, prepayment authorization is required prior to payment. Authorization is not required when the beneficiary's place of origin or place of destination is a nursing facility, including ICF/MR.

Both ground and air ambulance service are reimbursable if any other method of transportation is medically contraindicated.

The following limitations apply to air ambulance. Prior authorization is required. In certain situations, post-service authorization is required prior to payment.

Expenses of non-emergency transportation (NET) services are allowed as an administrative cost when provided (1) under arrangement with the Division of Family Development, the Division of Youth and Family Services, the New Jersey Department of Transportation (DOT), or NJ TRANSIT; or (2) under a State-contracted or brokerage system in Essex and Hudson Counties.

MICU/ALS (Mobile Intensive Care Unit/Advanced Life Support) services are limited to those providers approved by the New Jersey State Department of Health and Senior Services.

Transportation to and/or from a medical day care center is provided by the center.

Transportation provided by medical care providers is limited to those providers approved by the Medicaid program.

Transportation services are available to all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).

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23(b) Christian Science Nurses:

Not provided.

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23(c) Christian Science Sanitoria:

Not Provided.

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23(d) Nursing Facility Services for Patients Under Age 21:

Not Provided.

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24(e) Emergency Hospital Services

For emergency services provided in New Jersey, the hospital must provide written documentation as to the medical necessity for the emergency. This limitation applies only to a hospital that is not eligible for approval as a Medicare or Medicaid inpatient or outpatient hospital provider.

For emergency services provided in all out-of-state hospitals, the provider must submit written documentation as to the medical necessity for the emergency. This limitation does not apply if the services is provided to a Medicare/Medicaid recipient. This limitation also does not apply to Medicaid recipients residing out-of-State at the discretion of the State.

Emergency hospital services, limited to inpatient services, are available only to pregnant women. Outpatient emergency services are available to all three groups.

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23 (f) Personal Care Assistant Service, in a Beneficiary's Home in the Community:

Personal Care Assistant Services are available to all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).

Personal care assistant services in this setting are limited to a maximum of 25 hours per week. If there is a medical need for additional hours of service, this limit may be exceeded by the providers, in consultation with the Medicaid District Office (MDO) staff, up to an additional 15 hours per week. More than 40 hours of personal care assistant services may be provided under exceptional and extreme circumstances of medical necessity with written MDO approval.

Personal care assistant services are provided by certified licensed home health agencies or by accredited homemaker agencies.

Medicaid District Office staff periodically and on an ongoing basis shall perform case management and conduct post-payment quality assurance reviews of recipient services to evaluate the appropriateness and quality of personal care assistant services. The findings shall be communicated to the provider and may result in an increase, reduction or termination of services.

Monitoring visits also shall be made by Division staff to the agency to review compliance with personnel, record keeping and service delivery requirements. Continued noncompliance with requirements shall result in such sanctions as curtailment of new recipients for services, suspension or rescission of the provider contract.

Personal care assistant services are not provided in a residential health care facility or a licensed Class C boarding home.

Personal care assistant service provided by a family member (as defined by HCFA) is not a covered service.

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23(f) Personal Care Assistant Services, in a Group Home, Supervised Apartments, or Family Care Home.

Personal care assistant services are available to all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).

Personal care assistant services provided by community mental health agencies under contract to the Division of Mental Health Services in a group home, a supervised apartment or Family Care Home are limited to a maximum of 8 hours per day/ 25 hours per week.

Personal care assistant services are provided by a person who has successfully completed a minimum 40 hours training program for those services approved by the New Jersey Medicaid program.

Personal care assistant services for EPSDT-eligible persons may be provided in settings other than the individual's residence. Personal care assistant services are not provided in a residential health care facility or a licensed Class C boarding home.

The Division of Mental Health Services will conduct annual post-payment quality assurance reviews of mental health agencies which provide personal care assistant services in a group home or supervised apartment.

Personal care assistant service provided by a family member (as defined by HCFA) is not a covered service.

95-28-MA (NJ)

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23(f) Community-Based Personal Care Assistant Services:

Personal care assistant services are available to all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).

As specified in the plan of care, these services are limited to those provided in a recipient's residence, place of employment, post-secondary school, or elsewhere in the community.

These services are limited to those individuals age eighteen and over who are certified by a physician to be self-directed and require no assistance in the coordination of therapeutic regimens. Additionally, the physician shall also certify that the personal care attendant services will be adequate and appropriate to meet the individual's needs.

Providers of these services are limited to agencies designated by county government and approved by the Commissioner of the Department of Human Services, under contract to the Division of Youth and Family Services.

Personal care assistant services are limited to a maximum of 25 hours per week. If there is a need, up to an additional 15 hours of service per week may be prior authorized by the Division of Youth and Family Services.

The Division of Youth and Family Services will conduct annual post-payment quality assurance reviews of the designated county agencies which provide personal care assistant services.

Community based personal care assistant service provided by a family member is not a covered service.

This program will terminate April 1, 1995

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24 Pediatric or Family Nurse Practitioners' Services:

Not Provided.

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